



4141 Douglas Drive North
Crystal, MN 55422
Phone: (763) 531-1000 Fax: (763) 531-1188
Website: www.crystalmn.gov

Application for Driveway/Curb Cut Permit

Date _____ Permit No. _____ Rec'd by/date _____

Site Address	
Tenant/Bldg Name	

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Note: 2 detailed drawings and site plans with dimensions must accompany this application.

Permit Sub-Type:	<input type="checkbox"/> 01 – Driveway	<input type="checkbox"/> 04 – Curb cut	<input type="checkbox"/> 03 – Driveway/Curb cut
		<input type="checkbox"/> – Blvd Sidewalks	<input type="checkbox"/> – Curb & Gutter Constuction
Work Type:	<input type="checkbox"/> 01 - New	<input type="checkbox"/> 03 - Alteration	
	<input type="checkbox"/> 04 – Repair	<input type="checkbox"/> 08 – Remove/Install	
Office Use Required Inspections	<input type="checkbox"/> 15 - Final	<input type="checkbox"/> 17 - Form	

Description of Work: _____

Size of Opening: _____ Does the street have **curbs**? ☐ Yes ☐ No

Type of Material: ☐ Concrete ☐ Blacktop ☐ Other _____

Plan Review Submittal Checklist

_____ Completed Application

_____ Two copies of Survey or Site Plan drawn to scale, indicating:

- lot dimensions
- location and dimensions of **existing** driveway and structure(s), including all buildings, sheds, garages, decks, patios, sidewalks, and driveways
- location and dimensions of the **proposed** driveway
- setback measurements from property lines (see site plan handout)

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Crystal and the State of Minnesota.

_____/_____
Applicant's Signature/Date

Permit Approved By:

Community Development

Engineering (if applicable)

Date Approved:

Office Use Only

Permit Fee \$ _____

Other \$ _____

Escrow (for curb cut) \$ _____

Total Fees \$ _____